

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

**SERIAL NO.**

10/ 591363

**FILING DATE**

9-1-06

**APPLICANT(S)**

**CLAIMS**

	<b>AS FILED</b>		<b>AFTER 1<sup>ST</sup> AMENDMENT</b>		<b>AFTER 2<sup>ND</sup> AMENDMENT</b>	
	<b>IND.</b>	<b>DEP.</b>	<b>IND.</b>	<b>DEP.</b>	<b>IND.</b>	<b>DEP.</b>
1	1		1			
2		1		1		
3						
4	3					
5	0					
6	0					
7						
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9						
10	0					
11	0					
12	1					
13	0					
14	0					
15	0					
16	1					
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<b>TOTAL IND.</b>			1			
<b>TOTAL DEP.</b>		17				
<b>TOTAL CLAIMS</b>			18			

	<b>AS FILED</b>		<b>AFTER 1<sup>ST</sup> AMENDMENT</b>		<b>AFTER 2<sup>ND</sup> AMENDMENT</b>	
	<b>IND.</b>	<b>DEP.</b>	<b>IND.</b>	<b>DEP.</b>	<b>IND.</b>	<b>DEP.</b>
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<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>						